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ABSTRACT

Intervention aimed at the development of social support networks provides a means for preventing some of the physical, emotional, and social problems of both long-term and transient rural residents. Individuals living in rural and remote communities face several contextual problems, including distance, personal and professional isolation, unique social/economic/political environmental pressures, sporadic and limited resources. Rural social workers can engage in a variety of activities to optimize the quality and sufficiency of support that people receive from informal caregivers in the community and from their primary social contacts. This paper presents a social networks and social support framework for use by rural social work practitioners in the remediation and prevention of emotional and social problems generated by rurality's contextual factors. The framework is then applied to a rural remote community case situation, Churchill, Manitoba, and its application to both local and transient groups of people is examined. The paper closes with a discussion of common elements of the interventive frameworks: increasing individual and social support resources and/or building new linkages while abandoning problematic old linkages. (BRR)

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Social Support Networks: An Effective Means for Coping with the Unique Problems of Rural and Remote Communities

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Abstract

Individuals living in rural and remote communities face a number of unique contextual problems. These problems include (1) distance (2) personal and professional isolation (3) unique social, economic and political environmental pressures (4) sporadic and limited resources and many others. Increasingly rural and remote communities are composed of two distinct groups of people. One group is made up of people indigenous to the community or long term residences and the second group is composed of more transient groups (often human service providers, e.g. police, social workers, health care staff, etc.). While these groups have somewhat different needs, this paper argues that intervention aimed at the development of social support networks provides a means for preventing some of the physical, emotional and social problems of both groups.

There is a growing body of literature which emphasizes the importance of social support and social networks in help seeking, health service utilization and help giving. Social network literature suggests the structure, functions and content of a person's social network have a direct affect on how the individual copes with the changing aspects of his daily life. Social support networks have been shown to assist individuals to change and enhance quality of their social interactions. In addition, social networks have proven to be important factors in the prevention of some physical and emotional health and social problems.

Consequently, the purpose of this paper is twofold. Firstly, the paper will present a social networks and social support framework for use by rural social work practitioners in the remediation and prevention of emotional and social problems generated by the above-named contextual factors. Secondly, the author will discuss the application of this framework to a rural remote community case situation examining its application to both local and transient groups of people.

Introduction

Individuals living in rural and remote communities face a number of unique contextual problems. These problems include (1) distance (2) personal and professional isolation (3) unique social, economic and political environmental pressures (4) sporadic and limited resources and many others. Increasingly rural and remote communities are composed of two distinct groups of people. One group is made up of people indigenous to the community or long term residences and the second group is composed of more transient groups (often human service providers, e.g. police, social workers, health care staff, etc.). While these groups have somewhat different needs, this paper argues that intervention aimed at the development of social support networks provides a means for preventing some of the physical, emotional and social problems of both groups.

There is a growing body of literature which emphasizes the importance of social support and social networks i elp seeking, health service utilization and help giving (Whittaker, 1983; Gottlieb, 1983). Social network literature suggests the structure, functions and content of a person's social network have a direct effect on how the individual copes with the changing aspects of his daily life. Social support networks have been shown to assist individuals to change and enhance the quality of their social interactions. In addition, social networks have proven to be important factors in the prevention of some physical and emotional health and social problems.

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Social support network strategies provide a new vehicle for the utilization of the natural and informal helping systems indigenous to rural and remote communities. In addition, they provide a means of supplementing or enhancing existing social service delivery structures and a mechanism for moving social work interventions towards intervention at earlier stages of problem formulation. Further, they assist practitioners in the development of preventive and health promoting interventions.

SOCIAL SUPPORT TERMS AND RURAL SOCIAL WORK PRACTICE

The unique conditions of rural and remote areas necessitate an emphasis on interventive approaches which build on natural and informal helping systems indigenous to rural communities. Social support strategies build on the informal helping networks/systems of community care and hence seem most suited for practice in these types of communities.

Social support is an expression of the ongoing interdependence between people: mutuality is its cornerstone. Gottlieb suggests social

support consists of verbal and/or non-verbal information or advice, tangible aid or action "that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioral effects on the recipient" (Gottlieb, 1983). Collectively, the people who routinely provide social support have been referred to as members of an individual's support system (Gottlieb, 1983; Caplan, 1976). Individuals draw their social support from their social networks. All individuals are embedded in a social network composed of close and distant associates who are important in the individual's affective life and who generate both support and stress at different times and in response to different life demands. Social support arises from interaction in this social field; people's transactions with significant others produce both supportive and conflictual effects (Gottlieb, 1983; Wellman, 1981).

In addition, the term support system has come to signify at times the combined use of professional and informal resources as a means of coping with life situations and as a means of promoting health.

Froland and Pancoast (1981) have emphasized the role of natural networks as a means of generating social support. They focused on the role of certain central figures or "natural neighbors" in organizing human services. Specifically, they focused on those network members who, because of their residential proximity, can conveniently exchange needed services, goods, and emotional support, and, in the process, also strengthen community attachment and cohesion. They have explored the use of helping networks as avenues for delivering certain health and

social welfare services with minimal reliance on professionals (Froland and Pancoast, 1981).

Gottlieb suggests that natural or informal helping networks differed from professional service systems in their contribution to health and human welfare by virtue of:

> (a) its natural accessibility; (b) its congruence with local norms about when and how support ought to be expressed; (c) its rootedness in long-standing peer relationships; (d) its variability, ranging from the provision of tangible goods and services to simple companionship; and (e) its freedom from financial and psychological (stigmatizing) costs incurred when professional resources are used. (Gottlieb, 1983, p. 27)

In working in tandem with natural helping systems in promoting social support strategies, many authors caution professionals not to subvert or supplant the helping functions that spring from people's interactions with their social network group members (e.g. companionship, advice information, affective, empathy, personal affirmation) which maintain and promote mental health and physical well-being (Maguire, 1983; Whittaker, 1983; Barrera, 1981).

Rural social workers are faced with the unique opportunity to work with natural helping systems. Farley and Griffiths argue that:

> Rural social work is the practice of social work with individuals, families, communities, and organizations in communities of 10,000 or less which have geographic, professional personnel, and service isolation or limitations. The community's sociocultural context has a preponderance of primary face-to-face relationships, informal decision-making processes, sense of community, and open communication systems. (Farley and Griffiths, 1982)

The rural social worker by him/herself must often provide rural dwellers with services, support and hope while simultaneously helping to change the environment in order to provide better transporation, increased medical care and a more responsive community. The rural social worker provides service to a diverse population which includes children, adults, the elderly, the mentally ill, the incarcerated, the bedridden, the distressed, and the abandoned. Often the rural social worker is the entire social service system. While the rural social worker is faced with geographic, personnel, and service isolation, the rural community also offers the social worker open communication, a sense of community, and positive interagency cooperation.

It is the position of this paper that the rural context, while somewhat problematic for the professional, allows for and generates the possibility of unique opportunities for prevention. Further, the author maintains that prevention is a key concept for rural social work practitioners (Farley and Griffiths, 1982; Ginsberg, 1976; Martinez-Brawley, 1982).

The challenge facing the rural social worker in developing preventive social support strategies is to discover ways of fostering linkages (or primary group attachments) among individuals, reinforcing those that already exist, and developing a better understanding of ways to intensify the supportive processes that contribute to the maintenance and promotion of health and well-being (Gottlieb, 1983).

SOCIAL SUPPORT STRATEGIES AS PREVENTIVE INTERVENTIONS IN RURAL AND REMOTE AREAS

Social support strategies have a broad range of uses in rural areas building on the informal sources of support to improve coping and to enhance morale and health. Generally, these approaches are preventive in that they aim to intervene when early intervention can minimize the adverse effects of exposure to life stressors and abrupt transitions. Gottlieb has suggested that these interventions fall into two categories (Gottlieb, 1983). The first involves the development of "event-centered support groups" that can be convened on behalf of specific groups of people known to be at risk due to their common exposure to certain life events and transitions requiring extensive social readjustment. These groups supplement people's adjustment by mobilizing similar peers who offer mutual support and cognitive guidance, and express confidence in their members' ability to master emotional and situational difficulties.

The second type of intervention is "network-centered support development activities." Specifically, these involve restructuring of existing social networks or the optimization of their helping capabilities so that they reach more people and more adequately fulfill people's requirements for support. This type of intervention is a health-promotion strategy. Its beneficiaries are not assumed to be at risk of ill health, and its aims are to extend and fortify the supportive dimension of community life (Gottlieb, 1983).

Preventive interventions in rural areas have elements of both of these types of interventions. However, generally these types of

interventions would be considered network-centered support development activities. The domain of these types of helping activities consists of helping among family members, friends from work and the neighborhood and acquaintances met through the voluntary associations that people join for recreation, education and social action. In short, people's immediate social networks composed of close peers with whom there is regular contact form the context in which matters of personal health and welfare are assessed and acted upon.

In recognition of these facts, a number of primary preventive strategies have been devised to modify both the structure and helping processes of social networks. These strategies place a dual emphasis on educating people about how the structure of their personal community affects their access to diverse social resources and on training people in more proficient helping responses (Whittaker and Garbarino, 1983).

Specifically, rural social workers can engage in a variety of activities to optimize the quality and sufficiency of support that people receive from informal caregivers in the community and from their primary social contacts. Through the network reconstruction, the creation of support groups, and by optimizing the support expressed within ongoing social networks, they can weave people into a social fabric that is more responsive to their needs for emotional nurture, attachment, guidance, and personal affirmation (Maguire, 1983). Support development interventions can be of special benefit to those who are undergoing transitions that alter the structure of their immediate social surroundings.

In addition to these proactive roles, rural social workers can play an important reactive role in safeguarding the support networks that currently sustain the well-being of citizens. They can shore up existing systems of informal care. Their work in the community will require sensitivity to culturally diverse forms of social support and a collaborative working relationship with indigenous helpers (Green, 1982).

In planning interventions, rural social workers can apply network analysis in order to understand the nature of the links between the individual, the groups and the community. Network analysis assists practitioners in understanding the dynamic nature of the linkages and in assessing the nature and the flow of social support over these linkages.

In addition, network analysis assists in understanding supportive ties within the context of the broader range of interpersonal ties that constitute a social network (Wellman, 1979). It relates variations in the content, strength and symmetry of these ties to the availability of different sorts of resources to the individual (Wellman, 1981).

Using network analysis, rural social workers would focus on assessing the structure (size, composition, density and connectedness), functions (effective, instrumental, reciprocal), and content (intensity or strength of ties) in the various informal helping networks which exist in the community. In addition, the assessment would examine the flow of supportive resources throughout the various linkages. It would examine the role of key members and their location within the network

structures. That is, in attending to the network structures practitioners must readily identify the location of the individual within his/her own network as well as assessing the individual's location in relation to other network group linkages. This is extremely useful in assisting practitioners in identifying leadership, natural helpers, information flow and helping processes that may already exist (Maguire, 1983).

However, a network analysis goes one step further than most assessments. It requires knowledge of the relationship between and among other network members. Regardless of the complexity or level of mathematical sophistication, the purpose remains basically assessing: How many people are known by the individuals who might help in this problem? How well do they know each other? What resources can they provide in terms of psychosocial support as well as health or welfare concerns? What linkages do they have to other community caregivers from both the formal and informal system? And how willing and able are they to provide help?

In summary, network analysis helps the practitioner assess the dynamics of social support networks in a very concrete and specific manner. It assists the worker in conceptualizing relatively accurately the interrelationships among the various social units involved in the network. Finally, it provides a basis to assist rural social workers in planning and intervening with individuals and groups in rural and remote communities.

APPLICATION OF NETWORK-CENTERED SUPPORT DEVELOPMENT ACTIVITIES

The remainder of this paper focusses on the applications of this approach in the Northern Manitoba community of Churchill. Churchill is located on the shore of Hudson's Bay, 966 kilometeres north of Winnipeg, Manitoba. It has a population of approximately 1,100. There is no highway to Churchill which, for some, increases their sense of isolation. By rail, Churchill is 1697 kilometres from Winnipeg (approximately 40 hours of travel time). Churchill has a regular jet service to Winnipeg.

Churchill's northern location provides a harsh climate and long distances from urban centres. For several weeks in the summer, the mosquitoes make outdoor activity unpleasant. In the fall, residents may feel further restricted by the presence of polar bears in and around the community.

Churchill has a large transient population. Tourists, seasonal workers, government employees and researchers spend varying amounts of time in the community. The transient nature of the population of Churchill is disruptive to the development of neighbourhood and community organization. Residents tend to be divided into two groups: locals and transients (Ingebrigtson, 1983). There are a variety of types of employment in Churchill. The Harbours' Board (shipping port on Hudson's Bay), Health Centre, tourist industry, shops, two airlines, railway, schools, restaurants, expediting companies and various federal, provincial, municipal and territorial government departments, provide

employment.

A resident of Churchill suggests that the residents who choose to live in Churchill are attracted by the beautiful scenery, outdoor life, employment opportunities or the life style it provides (Ingebrigtson, 1983). Many have a greater sense of personal freedom as well as an appreciation for a more personalized environment.

The Churchill Health Centre provides service for the town of Churchill, small communities along the Bay Line and for residents of the Keewatin Zone, north of Churchill. The centre provides three health care delivery functions: (1) acute patient care, (2) ambulatory care and, (3) outreach services. The acute care facility includes an inpatient ward, labour and delivery room, operating room and recovery room. The ambulatory care services are comprised of medical and dental clinics, a combined in-house and retail pharmacy, emergency room and facilities for general public information. The Health Centre has an outreach program which includes public health, child day care, home care, probation and parole, child welfare, family services and alcohol abuse treatment and prevention services. This program of the agency provided a logic basis for the network-centered support development activities.

In examining social support networks in Churchill, it became apparent that it was important for the rural social workers to be aware of the communities preference for existing community support given to mobilizing natural helping relationships rather than using outside,

impersonal and perhaps ineffective support services. As well, the social work practitioner in Churchill needed to be aware of his/her own relationship in the communities' network, his/her own resources and needs, besides assessing his/her contribution, positive or negative, in the network.

THREE APPLICATIONS: NETWORK-CENTERED APPROACH

Within this community, three types of network-centered social support strategies were developed. To this point, two have been implemented, one has yet to be implemented. The first group is composed of mothers who were long term residents and mothers who had recently moved to Churchill.

The proposed objectives of this support group/network were to to (1) increase the size, the number and the quality of supportive ties within the individuals' social networks (2) to establish new resource linkages for long term residents and for newcomers to facilitate information flow and access to the formal and informal helping resources in Churchill (3) to provide an opportunity in which members could mutually exchange support, advice information, material aid, etc. (4) to assist newcomers in coping with the transition to life in Churchill (Ingebrigtson, 1983).

Formulation of the group entailed contacting these women, assessing interest and their potential as group members. An assessment was made of their social networks at present and at one year earlier. The

assessment was used to evaluate results of the intervention.

The second group was composed of representatives of the same service profession. These included many individuals who were transient employees of a particular nursing group of the Churchill Health Centre. Their work was often shift work and often they spent time travelling further north from Churchill to service other communities. Often they would spend their leave time outside of Churchill. The nature of their work necessitated highly dense social networks. That is, these people often worked together, lived nearby to each other, and socialized together. Because of their occupation and their dense social ties, their contact with locals in the communities and the community supports and resources was often limited. This was often a source of frustration and aggravation for both professional and community members, and has lead to hostility between locales and more transient professionals.

The objectives for this group included the following: (1) to enhance the size, quality and quantity of social support network ties (2) to build linkages for information and resource access and sharing between members of the same profession group and community members and groups (3) to use support networks to develop a mechanism for selection and orientation of new staff considered for work in Churchill. In addition, the group focussed on coping with stress of the transitions faced by the transient nature of this group.

A third group would be composed of new or old time residents of Churchill who had been identified by health or social services as experiencing problems with network contacts (either needing to change network membership or add to network size). All these individuals were to be interested in making new contacts or desirous of improving the quality of their present networks.

Unlike the other two groups which are preventive in nature, this group would have a remedial component as well. Individual members would be identified by themselves and "professional helpers" as having specific problems. The objectives of the group would be the following: (1) to increase the nature and amount of social support available to individuals through increasing the size, quantity and quality of their network ties (2) to assist members through mutual aid to identify and change the nature of their dysfunctional social contacts (3) to develop and improve social skills (4) to develop improved linkages to formal and informal helping systems to provide greater information and access to the resources when needed.

Because people would require more time to share difficulties and work through situations, the group number would be smaller (6-8 members). Formulation of the group would be similar to the other groups.

DISCUSSION OF COMMON ELEMENTS OF THE INTERVENTIVE FRAMEWORKS

The three groups presented in this paper all represent the application of network-centered support development activities. All three types of interventions were aimed at the enhancement of the social support networks of the residents in a rural and remote northern community. In addition, they focussed on the expansion of the size and numbers of linkages within individual social support networks. Furthermore, the interventions were aimed at providing information and linkage or access to other community members and groups which could provide increased social support to the new and long term residents in the community.

These interventions were aimed at providing increased social support resources to individuals who were coping with similar life situations. They intended to assist them in their ongoing efforts in relocating to or living in a isolated rural remote community.

All interventions consisted of an assessment of network structures (i.e. size, composition, connectedness, relationship), functions (instrumental, affective and reciprocal) and content (intensity, frequency of contact, duration of friendship, willingness to help, reciprocity of helping) of each member of the groups involved. The interests, concerns and needs of individuals were assessed.

The intervention consisted of convening a number of group meetings to initiate linkages and to facilitate the establishment of ongoing

structures for further contact. In some cases, this would take the form of establishment of a core group which would continue to build linkages among old and new women members as the community composition continued to change. In other cases, it would be built into work activity time of the same professional group to assist professional groups to cope with the self-identified difficult times in making the transition to living and working in Churchill. For the same profession group, the intervention involved not only building linkages among the professionals but also developing ways to foster linkages between the profession group and the local community residents and groups.

The final group intervention (Group 3) aimed at building new linkages for individuals and helping them abandon old problematic linkages. Resources were to be developed to assist this group to locate and to utilize more effectively formal and informal helping resources to improve members' day-to-day problem solving abilities, particularly in relation to child care and child rearing.

SUMMARY AND CONCLUSIONS

This paper has provided a framework for the use of social support strategies as a preventive intervention in remote rural communities. The author argues that network interventions provide a useful method for the development of social support resources available for individuals living in these communities.

This paper has presented a discussion of the application of network-centered support development activities to three different types

of groups within a rural remote community. It avoids the distinction between professionals and consumers and focusses on developing strategies and the informal helping resources of two types of residents; that is, transients and locals. The author argues that individuals in rural and remote areas face unique contextual problems and the use of primary groups (kin and kith) in helping coping with these contextual stressors is a vital resource for the practitioner working in these areas. This framework reduces status differentiation and promotes early proactive preventive interventions.

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